



City and County of the City of Exeter.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

CITY AND COUNTY OF
THE CITY OF EXETER

1947

SCHOOL MEDICAL STAFF.

School Medical Officer and Medical Officer of Health.

GEORGE F. B. PAGE, M.D., D.P.H. (EDIN.).

Senior assistant School Medical Officer.

JESSIE SMITH, M.B., CH.B., D.P.H. (LEEDS.).

Assistant School Medical Officers.

IRIS V. I. WARD, M.D. (LOND.), M.R.C.S., L.R.C.P.

W. DAVIDSON-LAMB, M.C., M.B., CH.B., D.P.H. (ABERDEEN)

School Dental Surgeon.

CLIFFORD A. REYNOLDS, L.D.S., R.C.S. (ENG.).

Assistant School Dental Surgeon.

BRIAN CONNELLY, B.D.S. (LOND.), L.D.S., R.C.S. (ENG.), (From 1-3-47.)

Child Guidance Clinic—for Staff see page 7.

School Nurses (also Health Visitors).

Miss M. M. FOY.

Miss D. HICKSON (retired 23-6-47).

Miss A. E. EDDS.

Miss F. L. GIBBONS.

Miss N. E. SMITH

Miss M. A. GRIMM. (from 17-3-47.)

Miss P. M. HARPER (from 3-6-47 to 13-12-47).

Miss A. ATKINSON (from 20-1-47 to 9-9-47).

Miss E. M. SMART (from 20-1-47 to 9-9-47).

Miss M. E. BLACK (temporary to 21-6-47).

Miss. E STANNARD (part-time—temporary from 15-9-47).

* Clinic Nurses.

MRS. E. A. M. KNEE, G.M.

MRS. T. S. TILLER (part-time—temporary).

Speech Therapist.

MRS. J. PEARCY, L.C.S.T.

Dental Attendants.

Miss D. F. A. CHESNUTT.

Miss E. I. ROSE (temporary).

Clerks.

MR. W. G. LOTT (Clerk in charge). (returned from Active Service 2-2-47).

MRS. D. V. M. WILSON (Clerk in Charge). (temporary to 22-2-47).

MRS. N. V. PECK, (temporary—from 13-11-46 to 23-9-47).

MRS. B. M. KYNASTON (temporary from 27-10-47.)

Miss S. M. TUCKER.

Miss S. JEWELL, (temporary—from 8-1-47 to 23-6-47).

MR. A. J. CASLEY (temporary—returned from Active Service 24-6-47 to 2-9-47).

MR. J. BUSSELL, (temporary from 8-9-47).

* Assist in staffing various Clinics, including those of the L.E.A.

Annual Report

OF THE

School Medical Officer

FOR THE

CITY AND COUNTY OF THE CITY OF EXETER,

1947.

To the Chairman and Members of the Education Committee.

I have the honour to submit my report upon the School Health Service for the year 1947. In accordance with a letter of the Ministry, dated 2nd February, 1948, the report makes reference to developments and extensions arising out of the Education Act, 1944, in addition to the usual information about the health of the pupils and the work of the Department.

(a) Staff..

The whole of the medical, dental and nursing staff takes part in the work of the Public Health Department as well as of the School Health Department. The departments are so organised that there is complete co-ordination between them.

The City is divided into four Health Districts. In each district the same team is responsible for the Maternity and Child Welfare Service, the School Health Service and the General Public Health Service, including the investigation and control of infectious disease.

There is still an acute shortage of school nurses who, under regulations made by the Ministry, must be qualified health visitors. The tendency of some health visitors to move about from one place to another rather frequently is to be deplored, as it is essential for the well-being of the children and for gaining the confidence of parents and teachers that they should remain in an appointment for a reasonable time after accepting it. Admittedly, it is not easy to find satisfactory accommodation in the City and its vicinity, but Exeter is not peculiar in that respect. Our establishment of school nurses was recently revised to ten, each giving one third of her time to the work of the Education Authority and the remainder to general public health duties. It will be seen from the list of staff that it has been difficult to maintain our proper strength. In these circumstances, the work of the clinic nurses noted in last year's report has become all the more valuable. They relieve the school nurses of a good deal of routine work, leaving them more time for school and home visits. We have not yet succeeded in building up a permanent clerical staff because of the competition in a limited field for this kind of work. The terms offered by the Local Authority under the "Charter" are not unfavourable and lead moreover to permanent and pensioned posts, but, unfortunately, commercial undertakings offer more for the time being and candidates are inclined to take the short view.

In some ways it is fortunate that the rather elaborate medical and dental record cards designed by the Ministry have not yet come into use because of supply difficulties. While the cards are admirable in many ways, their use will mean a good deal more work to say nothing of the expense of completely new filing arrangements for our eight thousand odd school children.

(b) Changes in Arrangements for Medical, Dental and Cleanliness Inspections and Treatment.

As already reported, the Handicapped Pupils and School Health Service Regulations, 1946, imposed a somewhat different system of routine inspection, entailing more frequent visits by the assistant school medical officers to the schools. All the primary schools and most of the secondary schools are now visited three times a year to ensure that entrants are examined as soon as possible after admission. In the case of the two grammar schools—Hele's for boys and Bishop Blackall's for girls—the medical officer visits on one afternoon every fortnight so far as possible, and is thus in continuous touch with the school authorities. Present staff does not allow of this arrangement being extended to secondary modern schools, but it does appear to be sound practice in the case of the two schools mentioned where pupils may remain up to the age of eighteen.

Another improvement made possible by the appointment of an additional medical officer is the restoration of the doctor's days at the Branch Clinics at Burnt House Lane and Buddle Lane Community Centres. These clinics are available for minor ailments and special examinations to the schools in their districts. They are open every school day throughout the year, the medical officer attending twice a week. The Central Clinic, including the Dental Department, is open all the year round including the school holiday periods.

As foreshadowed in last year's report, the Authority was able to bring in a full and comprehensive hospital service for school children in accordance with Section 48(3) of the Act as from 1st April. The hospitals concerned are the Royal Devon and Exeter (Voluntary), the West of England Eye Infirmary (Voluntary) and the City Hospital (Municipal). The operative treatment of tonsils and adenoids is carried out at the last-named hospital and, in addition, a certain amount of this work is undertaken there for the Devon Education Authority. The fortnightly Consultative Ear, Nose and Throat Clinic mentioned in last year's report has also been continued at the City Hospital. The primary object of this clinic is the prevention of deafness. The clinic is financed by the Education Authority, and other departments of the Council may make use of it on payment of a small fee per patient.

Our arrangements with the Devonian Orthopaedic Association remain the same. Delicate children may be sent to Honeylands Children's Sanatorium which is under the Health Committee and where there is a school. In addition, arrangements have been made for home teaching in a few cases of physical defect of such a kind as to make attendance at school impossible,

The arrangements already reported for the education of deaf, blind and partially sighted children remain unchanged.

During the year one medical officer—Dr. Davidson-Lamb—and the senior school nurse—Miss Foy—attended refresher courses. I attach great importance to periodical attendance at these courses, partly on account of the up-to-date teaching given and partly on account of the opportunities offered for discussions with colleagues on matters of common interest.

Members of the staff have continued to attend meetings of parents' associations when requested to do so. Among the successful meetings arranged was a film show dealing with health matters organised by the Headmaster of Whipton School. I am indebted to the Central Office of Information at Bristol for their ready co-operation, but might I respectfully suggest that it is time that the Education Authority possessed a cinematograph projector of its own, and that a suitable room in every school should have black-out arrangements to enable films to be displayed at any time? There now exists a fairly substantial assortment of really good films dealing with health matters, to say nothing of other subjects of general interest and educational value.

The record of work completed during the year is satisfactory.

In a total school population of 8,098, including the secondary grammar schools, 4,255 examinations at routine ages and 3,826 other examinations were carried out.

School Clinic attendances were as follows :—

	1945.	1946.	1947.
Central Clinic	3,942	5,636	6,219
Western Clinic	2,273	2,528	2,537
Eastern Clinic	4,229	3,799	3,271
Dental Clinic	4,716	4,427	4,903

The provision of a branch minor ailments clinic and dental surgery in the Northern health district of the City seems to be as far off as ever owing to the difficulties of the times. It is a very real need and would save a considerable amount of school time, as well as the time of parents.

The number of individual children found to be unclean at various examinations was 2,281, giving a percentage of 15.8 against 19.1 in the previous year. Much of the trouble is due to a small number of difficult and careless families. The standard is strict : one nit is recorded as an unclean head. The number of girls over school age at hospitals and in industry, as well as among recruits for the Forces, found to have dirty heads is an indication of the prevalence of infestation. It is surprising that girls of sixteen and over should not take the trouble to keep themselves clean. Such families provide a constant source of infection and tend to render ineffectual the work of the school nurses. Section 54 of the Act of 1944 practically repeats the procedure under the 1921 Act, a procedure which experience proved to be cumbersome and useless. This is very disappointing. In contrast, it may be observed that infestation among the children in the Day Nurseries,

at present conducted by the Maternity and Child Welfare Committee is comparatively uncommon. This is partly due to the closer supervision possible, partly to the fact that the younger children in the home get more attention, and to the knowledge among parents that repeated carelessness in this direction and disregard of advice may cause the privilege of using the Nursery to be forfeited.

Scabies, which reached its maximum prevalence during the war years, has again declined. The following table shows the incidence of scabies in the schools for the past 12 years. For some unknown reason this disease had begun to increase slightly before the war, but the increase was greatly accelerated during the war.

INCIDENCE IN SCABIES FOR THE PAST 12 YEARS IN EXETER SCHOOL CHILDREN.

<i>Year.</i>	<i>Families.</i>	<i>Cases.</i>	<i>School Population.</i>
1947	57	125	8,098
1946	116	310	7,625
1945	163	375	6,529
1944	229	538	7,301
1943	259	823	6,813
1942	245	707	7,003 *
1941	468	950	9,796
1940	167	288	10,891
1939	20	53	7,764
1938	29	41	7,286
1937	29	42	7,422
1936	12	25	7,578

* End of year ; actual population greater in first five months.

(c) **Arrangements for the Provision of Meals and Milk.**

School Meals. The average number of solid meals served daily was 3,900. These meals are prepared and cooked in four area kitchens, viz. :—

No. 1, at Paul Street ;

No. 2, at Montgomery School ;

No. 3, at Bradley Rowe School ;

No. 4, at Ladysmith School ;

augmented by Sub-Kitchen "A" at Whipton School, Sub-Kitchen "B" at Hele's School and Sub-Kitchen "C" at Bishop Blackall School.

The charge for dinners is regulated according to the following scale :—

5d. where one child in a family takes the meal.

4d. each where two children in a family take the meal.

3d. each where three or more in a family take the meal.

Meals are provided free to necessitous children.

The most recent census of meals taken by the Ministry was in June 1946. This showed that 85.6% children were taking milk meals and 34.3% solid meals. The overall percentages for all were 71.7% for milk meals and 43.0% for solid meals. Exeter ranked fourth on the list for milk and thirty-ninth for solid meals among 79 County Boroughs. Returns made to the Ministry in February 1948 show that 92% of the children are taking milk meals and 51% solid meals. Both types of meal are made available during the holidays, when there is still a pronounced falling off in the demand.

NUTRITION.

The Ministry has made a slight alteration in the classification of nutrition, there being now three categories instead of four.

These are :—

- A. = good.
- B. = fair.
- C. = poor.

The former categories were :—

- A. = excellent.
- B. = normal.
- C. = slightly sub-normal.
- D. = bad.

I have pointed out repeatedly that the assessment of nutrition or "general condition" is very much a matter of personal opinion. There is no scientific definition of normal nutrition, nor is there any known method of exact measurement. It is to a great extent a matter of experience, the more experienced observers being more likely to produce figures which agree for a particular group of children, than would be the case if the same children were reviewed by beginners at school medical inspection. The same sort of thing holds good in the field of animal husbandry. This being so, the Ministry's revised classification may be expected to produce more useful information than the old one. In practice, very few children were placed in Class D in Exeter—there were none in 1946—and such as were placed in that class were there because they were ill and not merely under nourished in the ordinary sense of the word.

If we ignore Class D, there is not a great deal of change to record. Class C works out at 7.19% against 7.5% the previous year. There are rather more children in Class A and a corresponding decrease in Class B. It would appear that the nutrition of school children is reasonably good and has been maintained in spite of the vagaries of the rationing system. There is no doubt that free milk and school meals play a part in this, and there is reason to believe that many parents make sacrifices for their children and that the one who gives up most is often the busy and harassed housewife.

THE CHILD GUIDANCE CENTRE.

As already reported last year, the voluntary child guidance clinic conducted for many years by Dr. R. N. Craig at Pilton House, 22 St. David's Hill, closed on 31st March, 1946. Owing to various unavoidable delays the Education Authority was unable to bring into being a new organisation until the autumn of 1947.

Under the Education Act, 1944, it is the duty of local education authorities to provide such centres for the investigation and treatment of mal-adjusted children, either for themselves or by arrangement with neighbouring authorities. During the year, the Education Committee acquired the original premises which are very suitable for the purpose. The premises were repaired, re-decorated and equipped, and the centre began to operate on 7th October. The essential team consists of the following :—

Psychiatrist (part-time)—	H. S. Gaussen, M.R.C.S., L.R.C.P.
Educational Psychologist, (part-time)—	Mrs. E. Lewis, M.A. (Lond.)
Psychiatric social worker—	Miss K. Hunt, B.A., (Leeds.)
Clerk—	Miss W. G. Shears.

In due course, it is hoped to find room for small numbers of voluntary workers, students from the University College of the South West, etc. The immediate need, however, was to get the centre started on sound lines and to deal with the accumulation of children on the waiting list. All children are referred to the centre through the School Health Department and the School Medical Officer has undertaken to supply the Psychiatrist with such essential information as case histories, results of previous physical examinations and notes on social conditions. On page 8 of the School Medical Officer's Report for 1945 the organisation and purpose of child guidance centres was fully described. In a useful circular on the subject the National Council for Mental Health says ; " Child Guidance may be defined as the specialised investigation of those causes which disturb normal mental stability and social adjustment in children, and the application of suitable methods of prevention and treatment."

The child guidance centre deals with the unmanageable child, the delinquent child, the shy and nervous child, unexplained backwardness in school or in certain school subjects, faulty habits and other deviations from the accepted normal.

The work of the centre should not be confused with the ascertainment and training of feeble minded children. On the contrary, it is usual to take steps to see that such children do not find their way to the centre. Work of this sort is time consuming and results may appear somewhat tardy to the layman. At the beginning of October there were 108 cases on the waiting list. By the end of the year, the figure had been reduced to 89 and by special efforts, Dr. Gaussen and his team further reduced the waiting list during the current year. The number investigated during that part of 1947 when the centre was open was 46, and the number treated 35. Treatment was completed in 5 cases and 6

were taken off the books for various reasons. It is obvious that the centre has not been open long enough to justify a statistical report and I must ask the Education Authority to wait a little for more tangible results. The centre has been meeting for two sessions a week—Tuesday mornings and Friday afternoons—with an occasional extra session. After 1st April, 1948, there will be three regular sessions weekly.

In the meantime, I would like to thank the Education Authority and the Director and other officers concerned for equipping such an excellent child guidance centre, and the head masters and mistresses of our schools for their co-operation. Perhaps the best evidence for the need of this kind of work, is the accumulation of cases of mal-adjusted children which occurred during the period when the old voluntary centre had closed and the new centre was not yet available.

SPEECH THERAPY.

Mrs. J. M. Pearcy reports as follows :—

“ There has only been one change in the Speech Therapy Centres during 1947. On April 1st the Mount Pleasant speech clinic was transferred from the Mount Pleasant Congregational Hall to Ladysmith Infants School. This move has proved very satisfactory as the Heavitree Junior School children now have a much shorter walk to the clinic and all the Ladysmith School children can attend without missing so much school time.

There are now seven speech centres in Exeter meeting once a week during term time :—

Alice Vlieland Welfare Centre, Bullmeadow Road.

Ladysmith Infants' School.

Merrivale Road Community Centre.

John Stocker Junior Boys' School.

University College of the South West, Gandy Street.

Wipton School.

St. Paul's Church Hall, Burnt House Lane.

There have been slightly fewer new cases referred during the year and it is encouraging to note that most of the new entrants have come from the Infant and Junior Schools. This shows that children are being referred as soon as a speech defect is noticed and so can be treated before the defect has become a habit of long-standing.

Attendance from all schools has been good throughout the year and the headmasters and mistresses have been most helpful in arranging this.

The children attend in small groups, arranged according to their age and the type of defect, and wherever possible children from the same school have consecutive lessons so that they can come together.”

Children attending at beginning of year	124
New cases referred	67
	191
Children discharged	59
Ceasing attendance before discharge for various reasons	8
Number attending at end of year	124
	191
Total number of sessions	261
Total number of attendances	2,981

Summary of the types of speech defect treated.

Stammering	80
Articulatory defects (simple and multiple)	85
Voice defects	7
Language defects (delayed speech development, etc.)	8
Cleft palate speech	4
Multiple defects	7
	191

We are still a long way from realising all the benefits of the Education Act, 1944. Nevertheless, substantial progress has been made. A comprehensive hospital service has been introduced. The Child Guidance Centre has been re-opened under most promising conditions, the nutrition and well-being of our school children has been maintained, the incidence of infectious disease has been light and there is a reduction in uncleanness and scabies.

On the other hand, there is ample scope for the employment of three dental officers instead of two, more should be done for educationally sub-normal children and the small number of handicapped pupils suffering from multiple defects continues to present a very difficult problem—for example, the child who is deaf and educationally sub-normal as well. As the working of the Act is developed, these difficulties will be overcome, but in the meantime, these exceptional children cannot receive the particular attention and training they require.

Attention is called to the Senior Dental Officer's valuable report which will be found on page 18.

Once again, I desire to thank the members of the Education

Authority, and particularly the members of the Special Services Sub-Committee, for their interest in the work. I would also like to thank the members of the staff for their ready co-operation at all times.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. B. PAGE,

School Medical Officer.

STATISTICS.

EXETER SCHOOLS, 1947.

School Population	8,098
Number of Schools	32
Number of Departments	32

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools, Year Ended 31st December, 1947.

A.—PERIODIC MEDICAL INSPECTIONS.

PRIMARY AND SECONDARY MODERN SCHOOLS.

Number of Inspections in the prescribed Groups :—

Entrants	2,079
Second Age Group	559
Third Age Group	625
Total	3,263

Number of Other Periodic Inspections	244
†Secondary Grammar Schools	748

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,588
Number of Re-Inspections	1,873
†Number of Curtailed Inspections at Secondary Grammar and Technical Schools	365

†Shown separately as the age groups of periodic inspections do not correspond with those of the Primary and Secondary Modern Schools at present. In course of time the age groups will correspond exactly.

**C.—PUPILS FOUND TO REQUIRE TREATMENT.
PRIMARY AND SECONDARY MODERN SCHOOLS.**

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	113	364	424
Second Age Group	56	109	165
Third Age Group	46	105	137
Total (prescribed groups)	215	578	726
Other Periodic Inspections	16	44	55
Grand Total	231	622	781

**SECONDARY GRAMMAR AND SECONDARY TECHNICAL
SCHOOLS.**

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	16	32	44
Second Age Group	15	18	24
Third Age Group	13	25	31
Total (prescribed groups).	44	75	99
Other Periodic Inspections	—	—	—
Grand Total	44	75	99

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1947.

Defect Code No.	Defect or disease. (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observat'n but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observat'n but not requiring treatment (5)
4.	Skin	53	60	241	26
5.	Eyes— <i>a.</i> Vision	267	246	106	10
	<i>b.</i> Squint	15	16	9	—
	<i>c.</i> Other	9	21	121	13
6.	Ears— <i>a.</i> Hearing	7	—	14	—
	<i>b.</i> Otitis Media	11	3	36	1
	<i>c.</i> Other	173	56	92	1
7.	Nose or Throat	229	259	186	12
8.	Speech	14	20	23	3
9.	Cervical Glands	1	108	6	7
10.	Heart and Circulation	—	30	—	3
11.	Lungs	6	26	10	7
12.	Developmental—				
	<i>a.</i> Hernia	7	28	—	3
	<i>b.</i> Other	1	33	—	—
13.	Orthopaedic—				
	<i>a.</i> Posture	17	28	5	—
	<i>b.</i> Flat foot	23	45	3	—
	<i>c.</i> Other	61	117	31	1
14.	Nervous system—				
	<i>a.</i> Epilepsy	1	5	1	—
	<i>b.</i> Other	—	10	—	1
15.	Psychological—				
	<i>a.</i> Development	—	75	1	6
	<i>b.</i> Stability	36	28	33	3
16.	Other	21	63	72	81

TABLE II.

B.—CLASSIFICATION OF THE GENERAL CONDITION
OF PUPILS INSPECTED DURING THE YEAR IN THE
AGE GROUPS.

PRIMARY AND SECONDARY MODERN SCHOOLS.

Age Groups	No. of Pupils In- spected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col 2.	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2079	553	26.5	1375	66.14	151	7.26
Second Age Group	559	116	20.75	400	71.55	43	7.70
Third Age Group	625	180	28.80	404	64.64	41	6.56
Other Periodic Inspections	244	50	20.50	177	72.54	17	6.96
Total	3507	899	25.63	2356	67.18	252	7.19

**SECONDARY GRAMMAR AND SECONDARY TECHNICAL
SCHOOLS.**

No. of children inspected	A.	%	B.	%	C.	%
748	275	36.76	426	56.96	47	6.28

TABLE III.
TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table V.).

(a).	No. of Defects treated, or under treatment during the year.
SKIN—	
RINGWORM—SCALP.	
(i) X-Ray treatment	—
(ii) Other treatment	1
Ringworm—Body	21
Scabies	125
Impetigo	18
Other Skin diseases	59
Eye Disease (External and other, but excluding errors of refraction, squint and cases admitted to hospital).	66
Ear Defects	176
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	1,421
Total	1,887

(b). Total number of attendances at Authority's minor ailments clinics 12,027

Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I.)

	No. of defects dealt with.
ERRORS OF REFRACTION (Including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.†)	698
Other defect or disease of the eyes (excluding those recorded in Group I.)	55
Total	753
No. of Pupils for whom spectacles were	
(a) Prescribed	572
(b) Obtained	566

†There were 6 operations for squint during this year performed at the West of England Eye Infirmary.

Group III.—Treatment of Defects of Nose and Throat.

	Total No. treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	264
(b) For other nose and throat conditions	—
Received other forms of treatment	—
Total	264

Group IV.—Orthopaedic and Postural Defects.

	Total No. treated.
(a) No. treated as in-patients in hospitals or hospital schools	20
(b) No. treated otherwise, e.g., in clinics or out-patient departments	166

Group V.—Child Guidance Treatment and Speech Therapy.

	Total No. treated.
No. of pupils treated—	
(a) under Child Guidance arrangements	35
(b) under Speech Therapy arrangements	191

TABLE IV.
DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a)	Periodic age groups	.....	5,172
(b)	Specials	.....	826
(c)	TOTAL (Periodic and Specials)	.....	5,998
<hr/>			
(2)	Number found to require treatment	.....	3,832
(3)	Number actually treated	.....	2,163
(4)	Attendances made by pupils for treatment	.....	4,903
(5)	Half-days devoted to : (a) Inspection	.....	74
	(b) Treatment	.....	575
	Total (a) and (b)	649
<hr/>			
(6)	Fillings : Permanent Teeth	2,065
	Temporary Teeth	551
	Total	2,616
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(7)	Extractions : Permanent Teeth	542
	Temporary Teeth	2,271
	Total	2,813
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(8)	Administration of general anaesthetics for extraction	1,051
(9)	Other Operations : (a) Permanent Teeth	978
	(b) Temporary Teeth	.....	143
	Total (a) and (b)	.....	1,121

TABLE V.
INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	.....	14,430
(ii)	Total number of individual pupils found to be infested	.....	2,281
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act 1944).....		114
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).....		8

Report of the Senior Dental Officer.

I have the honour to submit the Report of the School Dental Department for the year 1947.

Two full-time dental officers is the present establishment for the Dental Service of the Authority, and twenty-five per cent. of their time is occupied with work other than that of school children. Thus with a school population of approximately 8,370 there is the equivalent of $1\frac{1}{2}$ dental officers for their inspection and treatment, or 5,580 children per dental officer. For the first two months of the year until Mr. Brian Connelly took up his appointment there was but one dental officer.

Routine Age Groups.

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
No. inspected	64	540	333	326	415	503	488	622	509	505	437	155	125	95	45
No. referred for treatment	21	252	198	187	217	284	282	353	291	335	337	112	89	67	35

Of 5,172 routine inspections the number referred for treatment was 3,060 (59.1%). Analysis of these figures shows that of 998 new entrants 453 (45.9%) required treatment; of 2,213 children of primary schools 1,320 (59.7%) required treatment. It should not be assumed from the figures of these two groups that those not referred for treatment have sound mouths. This is far from the case, for much more could be found to be done were there sufficient staff to preserve deciduous teeth, to the premature loss of which so many irregularities in the permanent dentition can be attributed.

Of 1,971 secondary school children 1,311 (66.5%) were referred for treatment. Included in this group are Bishop Blackall (Girls) and Hele's (Boys) Secondary Grammar Schools, which were inspected for the first time. Previously only children to whom places had been awarded had been entitled to receive treatment at the Dental Clinic. It was found that few of these boys and girls received regular private treatment, and by the way the majority of those requiring treatment accepted it is clear that this extension of the Dental Service was very welcome. Moreover, of those who did not accept the free treatment offered, there were many who, as a result of the inspection, attended their private dentist. 577 children out of 828 examined were found to require treatment,—many of them extensive treatment. This represents 69.7 per cent., compared with 64.2 per cent., in the remainder of the secondary age group.

The number of "specials" has grown alarmingly—although not surprisingly—of recent years. In 1945 specials totalled 475, in 1946 665, and in the year under review 826. This is a result of too few dental officers having too many children to treat. Many of these specials were children whose parents were concerned

at the delay in treatment, and almost all of them really urgent cases. From the dental officer's angle, this means that only too frequently a small hole seen at inspection has become a large or even compound cavity by the time the child is sent for, and more time is taken with the filling. With an adequate staff this delay could be minimised, and better figures *per dental officer* would result. Small cavities could be treated as such, and, moreover, the patience of the children would be less tried. The provision of at least one more dental officer is of vital importance to the efficiency of the Dental Service of the City.

The proportion of fillings in temporary teeth to those in permanent teeth may appear high but conservative work of the deciduous dentition is almost invariably undertaken only where a good arch of well-cared-for teeth may otherwise be spoilt. A little more than one of every seven fillings in permanent teeth were in incisors or canines.

Of the extraction of 542 permanent teeth, it is well to point out that 191 were extracted for regulation purposes. Thus the proportion of extractions to fillings is in the ratio of 1 : 5.9.

Extractions are mostly carried out under general anaesthetic. The new Walton gas and oxygen apparatus in the expert hands of Dr. J. Smith has given great satisfaction to both dental officers and patients. For younger patients in certain cases vinesthene is used in preference to nitrous oxide.

"Other operations" covers a variety of work. Scaling or polishing was carried out for 123 children. Neglect of oral hygiene is often caused by the obstinate green staining of teeth, which cannot be removed by tooth-paste and brush by the child. Removal of this stain by the dental officer gives a new interest to the child in the care of his teeth.

Nineteen dentures were fitted during the year to replace front teeth. To avoid unsightly spaces where front teeth are lost—children are very sensitive about gaps—immediate dentures are usually fitted, i.e., dentures made before the tooth or teeth are extracted and which are inserted immediately after the extractions. This technique has the still more important advantage of avoiding the partial closure of the space which would otherwise occur in the majority of such cases, with consequent disappointing aesthetic results.

Finally, of "other operations" of special interest are regulation cases. Apart from those cases treated by timely extractions to prevent irregularities caused by overcrowding, 62 regulation appliances were fitted. While a few of these were replacements where the first plates had performed their functions, and in two cases to replace plates lost, most were new cases. Regulation work takes up a lot of a dental officer's time, and so is only undertaken at the request of parents and only then if the dental officer is confident of complete co-operation from both child and parents.

